

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/458,862	12/10/99	514	1623	600.451US1	
APPLICANT	ALLISON HUBEL, ST. PAUL, MN.				
	CONTINUING DOMESTIC DATA*** VERIFIED				

	371 (NAT'L STAGE) DATA*** VERIFIED				

ADDRESS	**FOREIGN APPLICATIONS***** VERIFIED				

	IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/21/00 ** SMALL ENTITY **				
	Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS
	Verified and Acknowledged Examiner's Initials _____ Initials _____		MN	3	34
TITLE	INDEPENDENT CLAIMS				
	5				
	SEE CUSTOMER NUMBER: 021186				
COMPOSITIONS AND METHODS FOR CRYOPRESERVATION OF PERIPHERAL BLOOD LYMPHOCYTES					
FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		
\$804					